

<i>SERFF Tracking Number:</i>	<i>AENX-125865804</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40613</i>
<i>Company Tracking Number:</i>	<i>AH AR0086901F01</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001C Any Size Group - Other</i>
<i>Product Name:</i>	<i>2008 Medical</i>		
<i>Project Name/Number:</i>	<i>2008 Medical/AH AR0086901F01</i>		

Filing at a Glance

Company: Aetna Life Insurance Company

Product Name: 2008 Medical

TOI: H16G Group Health - Major Medical

Sub-TOI: H16G.001C Any Size Group - Other

Filing Type: Form

SERFF Tr Num: AENX-125865804 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 40613

Co Tr Num: AH AR0086901F01

State Status: Approved-Closed

Co Status:

Reviewer(s): Rosalind Minor

Author: SPI AetnaSPI

Disposition Date: 10/23/2008

Date Submitted: 10/20/2008

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: 2008 Medical

Project Number: AH AR0086901F01

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/23/2008

State Status Changed: 10/23/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer

Deemer Date:

The purpose of this filing is to broaden the coverage of [E-visits and] Walk-in clinic to the out of network component of our preferred provider medical expense plans. Please note these enhanced feature (s) were previously approved by your Department for in network only. The goal now is to broaden the benefit and offer the same coverage both in and out of network, while still retaining the option of "No Coverage" for out of network.

Company and Contact

SERFF Tracking Number:	AENX-125865804	State:	Arkansas
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TOI:	H16G Group Health - Major Medical	Sub-TOI:	H16G.001C Any Size Group - Other
Product Name:	2008 Medical		
Project Name/Number:	2008 Medical/AH AR0086901F01		

Filing Contact Information

John Ciesielski, Product and Regulatory Affairs CiesielskiJW@Aetna.com

Manager

151 Farmington Avenue (860) 279-1282 [Phone]

Hartford, CT 06156 (860) 952-2069[FAX]

Filing Company Information

Aetna Life Insurance Company

CoCode: 60054

State of Domicile: Connecticut

151 Farmington Avenue

Group Code: 1

Company Type:

Hartford, CT 06156

Group Name: Aetna

State ID Number:

(860) 273-7546 ext. [Phone]

FEIN Number: 06-6033492

Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Aetna Life Insurance Company	\$50.00	10/20/2008	23341693

<i>SERFF Tracking Number:</i>	<i>AENX-125865804</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>2008 Medical</i>		
<i>Project Name/Number:</i>	<i>2008 Medical/AH AR0086901F01</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/23/2008	10/23/2008

<i>SERFF Tracking Number:</i>	<i>AENX-125865804</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>AH AR0086901F01</i>		
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<i>Product Name:</i>	<i>2008 Medical</i>		
<i>Project Name/Number:</i>	<i>2008 Medical/AH AR0086901F01</i>		

Disposition

Disposition Date: 10/23/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AENX-125865804</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40613</i>
<i>Company Tracking Number:</i>	<i>AH AR0086901F01</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001C Any Size Group - Other</i>
<i>Product Name:</i>	<i>2008 Medical</i>		
<i>Project Name/Number:</i>	<i>2008 Medical/AH AR0086901F01</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	Schedule	Approved-Closed	Yes
Form	Schedule	Approved-Closed	Yes

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Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	GR-9N S-10-25 05	Schedule Pages	Schedule	Initial		0	GR-9N S-10-25 05.PDF
Approved-Closed	GR-9N S-11-25 05	Schedule Pages	Schedule	Initial		0	GR-9N S-11-25 05.PDF

PLAN FEATURES	[NETWORK]	[OUT OF NETWORK]	[OTHER HEALTH CARE]
PHYSICIAN SERVICES			
<i>[Physician Office Visits (non-surgical)]</i>			
[Primary Care Physician]	[50-100% per visit after calendar year deductible] [\$0-\$75 visit copay after calendar year deductible , then the plan pays 50-100%]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%]
[Aexcel Designated Network Specialist]	[50-100% per visit after calendar year deductible] [\$0-75 visit copay after calendar year deductible , then the plan pays 50-100%]	[Not Applicable]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%]
[Non-Designated Network Specialist]	[50-100% per visit after calendar year deductible] [\$0-75 visit copay after calendar year deductible , then the plan pays 50-100%]	[Not Applicable]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%]
[Non-Designated Network Specialist or Out-of-Network Provider Specialist]	[Not Applicable]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%]

PLAN FEATURES	[NETWORK]	[OUT OF NETWORK]	[OTHER HEALTH CARE]
[All Other Specialists]	[50-100% per visit after calendar year deductible] [\$0-75 visit copay after calendar year deductible , then the plan pays 50-100%]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%]
	[No deductible applies.] [Deductible waived for first \$25-500 per calendar year]	[No deductible applies.] [Deductible waived for first \$25-500 per calendar year] [Not Covered]	[No deductible applies.] [Deductible waived for first \$25-500 per calendar year] [Not Covered]
[Maximum Visits per calendar year]	[1-unlimited visits]	[1-unlimited visits]	[1-unlimited visits]
[Maximum Benefit per calendar year]	[\$100- unlimited]	[\$100- unlimited]	[\$100- unlimited]
[Maximum Benefit per visit]	[\$50-unlimited]	[\$50-unlimited]	[\$50-unlimited]

PLAN FEATURES	[NETWORK]	[OUT OF NETWORK]	[OTHER HEALTH CARE]
[Office Visits to Primary Care Physician General Practitioner/Family Practitioner] [Office visits (non-surgical) to non-specialist]	[50-100% per visit [after calendar year deductible] [\$0-75 visit copay after calendar year deductible , then the plan pays 50-100%] [No deductible applies.] [Deductible waived for first \$25-500 per [calendar year]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%] [No deductible applies.] [Deductible waived for first \$25-500 per calendar year] [Not Covered]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%] [No deductible applies.] [Deductible waived for first \$25-500 per calendar year] [Not Covered]
[Maximum Visits per calendar year]	[1-unlimited visits]	[1-unlimited visits]	[1-unlimited visits]
[Maximum Benefit per visit]	[\$50-unlimited]	[\$50-unlimited]	[\$50-unlimited]
[Maximum Benefit per calendar year]	[\$100- unlimited]	[\$100- unlimited]	[\$100- unlimited]

PLAN FEATURES	[NETWORK]	[OUT OF NETWORK]	[OTHER HEALTH CARE]
<i>Alternative to Physician Office Visit</i>			
<i>[E-visit] Online Consultation by a PCP</i>	<p>[50-100% per visit after calendar year deductible]</p> <p>[\$0-75 visit copay after calendar year deductible, then the plan pays 50-100%]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-500 per calendar year]</p>	<p>[50-100% per visit after calendar year deductible]</p> <p>[\$0-75 visit deductible after calendar year deductible, then the plan pays 50-100%]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first [\$25-500] per [calendar] year]</p> <p>[Not Covered]</p>	<p>[50-100% per visit after calendar year deductible]</p> <p>[\$0-75 visit deductible after calendar year deductible, then the plan pays 50-100%]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-500 per calendar year]</p> <p>[Not Covered]</p>
[Maximum Visits per calendar year]	[1-unlimited visits]	[1-unlimited visits]	[1-unlimited visits]
[Maximum Benefit per visit]	[\$50-unlimited]	[\$50-unlimited]	[\$50-unlimited]
[Maximum Benefit per calendar year]	[\$100- unlimited]	[\$100- unlimited]	[\$100- unlimited]

PLAN FEATURES	[NETWORK]	[OUT OF NETWORK]	[OTHER HEALTH CARE]
<i>[Walk-In Clinic Non-Emergency Visit]</i> Includes coverage for immunizations.]	[50-100% per visit after calendar year deductible] [\$0-75 visit copay after calendar year deductible , then the plan pays 50-100%] [No deductible applies.] [Deductible] waived for first \$25-500 per calendar year]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%] [No deductible applies.] [Deductible] waived for first \$25-500 per calendar year] [Not Covered]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%] [No deductible applies.] [Deductible] waived for first \$25-500 per calendar year] [Not Covered]
[Maximum Visits per calendar year]	[1-unlimited visits]	[1-unlimited visits]	[1-unlimited visits]
[Maximum Benefit per visit]	[\$50-unlimited]	[\$50-unlimited]	[\$50-unlimited]
[Maximum Benefit per calendar year]	[\$100- unlimited]	[\$100- unlimited]	[\$100- unlimited]

PLAN FEATURES	[NETWORK]	[OUT OF NETWORK]	[OTHER HEALTH CARE]
<i>[Specialist Office Visits][all specialists except those specifically listed in this schedule].</i>			
[Aexcel Designated Network Specialist]	[50-100% per visit after calendar year deductible] [\$0-75 visit copay after calendar year deductible , then the plan pays 50-100%]	[Not Applicable]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%]
[Non-Designated Network Specialist]	[50-100% per visit after calendar year deductible] [\$0-75 visit copay after calendar year deductible , then the plan pays 50-100%]	[Not Applicable]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%]
[Non-Designated Network Specialists or Out-of-Network Provider Specialist]	[Not Applicable]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%]
[All Other Specialists]	[50-100% per visit after calendar year deductible] [\$0-75 visit copay after calendar year deductible , then the plan pays 50-100%]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%]
	[No deductible applies.] [Deductible waived for first \$25-500 per calendar year]	[No deductible applies.] [Deductible waived for first \$25-500 per calendar year] [Not Covered]	[No deductible applies.] [Deductible waived for first \$25-500 per calendar year] [Not Covered]

PLAN FEATURES	[NETWORK]	[OUT OF NETWORK]	[OTHER HEALTH CARE]
[Maximum Visits per calendar year]	[1-unlimited visits]	[1-unlimited visits]	[1-unlimited visits]
[Maximum Benefit per visit]	[\$50-unlimited]	[\$50-unlimited]	[\$50-unlimited]
[Maximum Benefit per calendar year]	[\$100- unlimited]	[\$100-unlimited]	[\$100-unlimited]

PLAN FEATURES	[NETWORK]	[OUT OF NETWORK]	[OTHER HEALTH CARE]
<i>Alternative to Specialist Office Visit</i>			
<i>[E-visit Online Consultation by a Specialist]</i>	<p>[50-100% per visit after calendar year deductible]</p> <p>[\$0-75 visit copay after calendar year deductible, then the plan pays 50-100%]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-500 per calendar year]</p>	<p>[50-100% per visit after calendar year deductible]</p> <p>[\$0-75 visit deductible after calendar year deductible, then the plan pays 50-100%]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-500 per calendar year]</p> <p>[Not Covered]</p>	<p>[50-100%] per visit after calendar year deductible]</p> <p>[\$0-75 visit deductible after calendar year deductible, then the plan pays 50-100%]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-500 per calendar year]</p> <p>[Not Covered]</p>
[Maximum Visits per calendar year]	[1-unlimited visits]	[1-unlimited visits]	[1-unlimited visits]
[Maximum Benefit per visit]	[\$50-unlimited]	[\$50-unlimited]	[\$50-unlimited]
[Maximum Benefit per calendar year]	[\$500- unlimited]	[\$500- unlimited]	[\$500- unlimited]

PLAN FEATURES	[NETWORK]	[OUT OF NETWORK]	[OTHER HEALTH CARE]
<i>[Walk-In Clinic Non-Emergency Visit]</i> Includes coverage for immunizations.]	[50-100% per visit after calendar year deductible] [\$0-75 visit copay after calendar year deductible , then the plan pays 50-100%] [No deductible applies.] [Deductible waived for first \$25-500 per calendar year]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%] [No deductible applies.] [Deductible waived for first \$25-500 per calendar year] [Not Covered]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%] [No deductible applies.] [Deductible waived for first \$25-500 per calendar year] [Not Covered]
[Maximum Visits per calendar year]	[1-unlimited visits]	[1-unlimited visits]	[1-unlimited visits]
[Maximum Benefit per visit]	[\$50-unlimited]	[\$50-unlimited]	[\$50-unlimited]
[Maximum Benefit per calendar year]	[\$500- unlimited]	[\$500- unlimited]	[\$500- unlimited]

PLAN FEATURES	[NETWORK]	[OUT OF NETWORK]	[OTHER HEALTH CARE]
<i>[Physician Office Visits Surgery]</i>			
[Primary Care Physician]	[50-100% per visit after calendar year deductible] [\$0-75 visit copay after calendar year deductible , then the plan pays 50-100%]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%]
[Aexcel Designated Network Specialist]	[50-100% per visit after calendar year deductible] [\$0-75 visit copay after calendar year deductible , then the plan pays 50-100%]	[Not Applicable]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%]
[Non-Designated Network Specialist]	[50-100% per visit after calendar year deductible] [\$0-75 visit copay after calendar year deductible , then the plan pays 50-100%]	[Not Applicable]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%]
[Non-Designated Specialist or Out-of-Network Provider Specialist]	[Not Applicable]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%]
[All other Specialists]	[50-100%] per visit after calendar year deductible [\$0-75 visit copay after calendar year deductible , then the plan pays 50-100%]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%]

PLAN FEATURES	[NETWORK]	[OUT OF NETWORK]	[OTHER HEALTH CARE]
	[No deductible applies.] [Deductible waived for first \$25-500 per calendar year]	[No deductible applies.] [Deductible waived for first \$25-500 per calendar year [Not Covered]	[No deductible applies.] [Deductible waived for first \$25-500 per calendar year [Not Covered]
[Maximum Visits per calendar year]	[1-unlimited visits]	[1-unlimited visits]	[1-unlimited visits]
[Maximum Benefit per visit]	[\$50-unlimited]	[\$50-unlimited]	[\$50-unlimited]
[Maximum Benefit per calendar year]	[\$500- unlimited]	[\$500-unlimited]	[\$500-unlimited]

PLAN FEATURES	[IN NETWORK]	[OUT OF NETWORK]	[OTHER HEALTH CARE]
<i>[Physician Services for Inpatient Facility and Hospital Visits]</i>			
[Primary Care Physician]	[50-100% per visit after calendar year deductible] [\$0-75 visit copay after calendar year deductible , then the plan pays 50-100%]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%]
[Aexcel Designated Network Specialist]	[50-100% per visit after calendar year deductible] [\$0-75 visit copay after calendar year deductible , then the plan pays 50-100%]	[Not Applicable]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%]
[Non-Designated Network Specialist]	[50-100% per visit after calendar year deductible] [\$0-75 visit copay after calendar year deductible , then the plan pays 50-100%]	[Not Applicable]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%]
[Non-Designated Specialist or Out-of-Network Provider Specialist]	[Not Applicable]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%]

PLAN FEATURES	[NETWORK]	[OUT OF NETWORK]	[OTHER HEALTH CARE]
[All Other Specialists]	[50-100% per visit after calendar year deductible [\$0-75 visit copay after calendar year deductible , then the plan pays 50-100%]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%]	[50-100% per visit after calendar year deductible [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%]
	[No deductible applies.] [Deductible waived for first \$25-500 per calendar year]	[No deductible applies.] [Deductible waived for first \$25-500 per calendar year] [Not Covered]	[No deductible applies.] [Deductible waived for first \$25-500 per calendar year] [Not Covered]
[Maximum Visits per calendar year]	[1-unlimited visits]	[1-unlimited visits]	[1-unlimited visits]
[Maximum Benefit per visit]	[\$50-unlimited]	[\$50-unlimited]	[\$50-unlimited]
[Maximum Benefit per calendar year]	[\$500- unlimited]	[\$500-unlimited]	[\$500-unlimited]

PLAN FEATURES	[NETWORK]	[OUT OF NETWORK]	[OTHER HEALTH CARE]
<i>[Administration of Anesthesia]</i>	<p>[50-100% per procedure after calendar year deductible]</p> <p>[\$0-75 copay per procedure after calendar year deductible, then the plan pays 50-100%]</p> <p>[An amount equal to the lesser of 20-50% of the amount paid for the procedure or \$250-\$2000 per visit]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-500 per calendar year, then 50-100% per procedure]</p>	<p>[50-100% per procedure after calendar year deductible]</p> <p>[\$0-75 deductible per procedure after calendar year deductible, then the plan pays 50-100%]</p> <p>[An amount equal to the lesser of 20-50% of the amount paid for the procedure or \$250-\$2000 per visit]</p> <p>[No deductible] applies.]</p> <p>[Deductible waived for first \$25-500 per calendar year, then 50-100% per procedure]</p>	<p>[50-100% per procedure after calendar year deductible]</p> <p>[\$0-75 deductible per procedure after calendar year deductible, then the plan pays 50-100%]</p> <p>[An amount equal to the lesser of 20-50% of the amount paid for the procedure or \$250-\$2000 per visit]</p> <p>[No deductible] applies.]</p> <p>[Deductible waived for first \$25-500 per calendar year, then 50-100% per procedure]</p>
[Maximum Benefit]	[\$200-unlimited]	[\$200-unlimited]	[\$200-unlimited]

PLAN FEATURES	[NETWORK]	[OUT OF NETWORK]	[OTHER HEALTH CARE]
<i>[Allergy Testing [and Treatment]]</i>	<p>[50-100% per visit after calendar year deductible]</p> <p>[\$0-75 visit copay after calendar year deductible, then the plan pays 50-100%]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-500 per calendar year]</p>	<p>[50-100% per visit after calendar year deductible]</p> <p>[\$0-75 visit deductible after calendar year deductible, then the plan pays 50-100%]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-500 per calendar year]</p> <p>[Not Covered]</p>	<p>[50-100% per visit after calendar year deductible]</p> <p>[\$0-75 visit deductible after calendar year deductible, then the plan pays 50-100%]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-500 per calendar year]</p> <p>[Not Covered]</p>
[Maximum Visits per calendar year]	[1-unlimited visits]	[1-unlimited visits]	[1-unlimited visits]
[Maximum Benefit per visit]	[\$50-unlimited]	[\$50-unlimited]	[\$50-unlimited]
[Maximum Benefit per calendar year]	[\$500- unlimited]	[\$500-unlimited]	[\$500-unlimited]

PLAN FEATURES	[NETWORK]	[OUT OF NETWORK]	[OTHER HEALTH CARE]
<i>[Allergy Injections]</i>	<p>[50-100% per visit after calendar year deductible]</p> <p>[\$0-75 visit copay after calendar year deductible, then the plan pays 50-100%]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-500 per calendar year]</p>	<p>[50-100% per visit after calendar year deductible]</p> <p>[\$0-75 visit deductible after calendar year deductible, then the plan pays 50-100%]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-500 per calendar year]</p> <p>[Not Covered]</p>	<p>[50-100% per visit [after calendar year deductible]</p> <p>[\$0-75 visit deductible after calendar year deductible, then the plan pays 50-100%]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-500 per calendar year]</p> <p>[Not Covered]</p>
[Maximum Benefit per visit]	[\$50-unlimited]	[\$50-unlimited]	[\$50-unlimited]
[Maximum Visits per calendar year]	[1-unlimited visits]	[1-unlimited visits]	[1-unlimited visits]
[Maximum Benefit per calendar year]	[1-unlimited visits] [\$100-unlimited]	[1-unlimited visits] [\$100-unlimited]	[1-unlimited visits] [\$100-unlimited]

PLAN FEATURES	[NETWORK]	[OUT OF NETWORK]	[OTHER HEALTH CARE]
<i>[Immunizations when not part of the physical exam]</i>	[50-100% per visit after calendar year deductible] [\$0-75 visit copay after calendar year deductible , then the plan pays 50-100%] [No deductible applies.] [Deductible waived for first \$25-500 per calendar year]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%] [No deductible applies.] [Deductible waived for first \$25-500 per calendar year] [Not Covered]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%] [No deductible applies.] [Deductible waived for first \$25-500 per calendar year] [Not Covered]
[Maximum Benefit per calendar year]	[\$100-unlimited]	[\$100-unlimited]	[\$100-unlimited]

PLAN FEATURES	[NETWORK]	[OUT OF NETWORK]	[OTHER HEALTH CARE]
<i>[First Prenatal Visit[s]]</i>			
[Aexcel Designated Network Specialist]	[50-100% after the deductible] [\$0-75 visit copay after calendar year deductible , then the plan pays 50-100%]	[Not Applicable]	[50-100% after the deductible] [\$0-\$75 visit deductible after calendar year deductible , then the plan pays 50- 100%]
[Non-Designated Network Specialist]	[50-100% per visit after calendar year deductible] [\$0-75 visit copay after calendar year deductible , then the plan pays 50-100%]	[Not Applicable]	[50-100% per visit [after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%]
[Non-Designated Specialist or Out-of-Network Provider Specialist]	[Not Applicable]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%]
[All Other Specialists]	[50-100% per visit after calendar year deductible] [\$0-75 visit copay after calendar year deductible , then the plan pays 50-100%]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%]
	[No deductible applies.] [Deductible waived for first \$25-500 per calendar year]	[No deductible applies.] [Deductible waived for first \$25-500 per calendar year] [Not Covered]	[No deductible applies.] [Deductible waived for first \$25-500 per calendar year] [Not Covered]

PLAN FEATURES	[NETWORK]	[OUT OF NETWORK]	[OTHER HEALTH CARE]
[Maximum Benefit per Visit]	[\$50-unlimited]	[\$50-unlimited]	[\$50-unlimited]
[Maximum Benefit per calendar year]	[\$100- unlimited]	[\$100- unlimited]	[\$100- unlimited]

PLAN FEATURES	[NETWORK]	[OUT OF NETWORK]
PHYSICIAN SERVICES		
<i>[Physician Office Visits (non-surgical)]</i>		
[Primary Care Physician]	[50-100% per visit after calendar year deductible] [\$0-75per visit copay after calendar year deductible ,then the plan pays 50-100%]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%]
[Aexcel Designated Network Specialist]	[50-100% per visit after calendar year deductible] [\$0-75 visit copay after calendar year deductible , then the plan pays 50-100%]	[Not Applicable]
[Non-Designated Network Specialist]	[50-100% per visit after calendar year deductible] [\$0-75 visit copay after calendar year deductible , then the plan pays 50-100%]	[Not Applicable]
[Non-Designated Network Specialist or Out-of-Network Provider Specialist]	[Not Applicable]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%]
[All Other Specialists]	[50-100% per visit after calendar year deductible] [\$0-75 visit copay after calendar year deductible , then the plan pays 50-100%]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible then the plan pays 50-100%]
	[No deductible applies.] [Deductible waived for first \$25-500 per calendar year]	[No deductible applies.] [Deductible waived for first \$25-500 per calendar year] [Not Covered]

PLAN FEATURES	[NETWORK]	[OUT OF NETWORK]
[Maximum Visits per calendar year] [12-24 consecutive month period]	[1-unlimited visits]	[1-unlimited visits]
[Maximum Benefit per calendar year] [12-24 consecutive month period]	[\$100- unlimited]	[\$100- unlimited]
[Maximum Benefit per visit]	[\$50-unlimited]	[\$50-unlimited]
<i>[Office Visits to Primary Care Physician General Practitioner/Family Practitioner]</i> Office visits (non-surgical) to non-specialist]	[50-100% per visit after calendar year deductible] [\$0-75 visit copay after calendar year deductible , then the plan pays 50-100%] [No deductible applies.] [Deductible waived for first [\$25-500 per calendar year]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible then the plan pays 50-100%] [No deductible applies.] [Deductible waived for first \$25-500 per calendar year] [Not Covered]
[Maximum Visits per calendar year] [12-24 consecutive month period]	[1-unlimited visits]	[1-unlimited visits]
[Maximum Benefit per visit]	[\$50-unlimited]	[\$50-unlimited]
[Maximum Benefit per calendar year] [12-24 consecutive month period]	[\$100- unlimited]	[\$100- unlimited]

PLAN FEATURES	[NETWORK]	[OUT OF NETWORK]
<i>[Alternatives to Physicians' Office Visits]</i>		
<i>[E-Visits Online Internet Consultation by a PCP]</i>	<p>[50-100% per visit after calendar year deductible]</p> <p>[\$0-75 visit copay after calendar year deductible, then the plan pays 50-100%]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-500 per calendar year]</p>	<p>[50-100% per visit after calendar year deductible]</p> <p>[\$0-75 visit deductible after calendar year deductible, then the plan pays 50-100%]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-500 per calendar year]</p> <p>[Not Covered]</p>
[Maximum Visits per calendar year] [12-24 consecutive month period]	[1-unlimited visits]	[1-unlimited visits]
[Maximum Benefit per [calendar year] [12-24 consecutive month period]	[\$50-unlimited]	[\$50-unlimited]
[Maximum Benefit per [calendar] year] [12 -24 consecutive month period]	[\$100- unlimited]	[\$100- unlimited]
<i>[Walk-In Clinics Non-Emergency Visit]</i> Includes coverage for immunizations.]	<p>[50-100% per visit after calendar year deductible]</p> <p>[\$0-75 visit copay after calendar year deductible, then the plan pays 50-100%]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-500 per calendar year]</p>	<p>[50-100% per visit after calendar year deductible]</p> <p>[\$0-75 visit deductible after calendar year deductible, then the plan pays 50-100%]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-500 per calendar year]</p> <p>[Not Covered]</p>
[Maximum Visits per calendar year] [12-24 consecutive month period]	[1-unlimited visits]	[1-unlimited visits]
[Maximum Benefit per calendar year] [12-24 consecutive month period]	[\$50-unlimited]	[\$50-unlimited]
[Maximum Benefit per calendar year] [12 -24 consecutive month period]	[\$100- unlimited]	[\$100- unlimited]

PLAN FEATURES	[NETWORK]	[OUT OF NETWORK]
<i>[Specialist Office Visits All Specialists except those specifically listed in this schedule.]</i>		
[Aexcel Designated Network Specialist]	[50-100% per visit after calendar year deductible] [\$0-75 visit copay after calendar year deductible , then the plan pays 50-100%]	[Not Applicable]
[Non-Designated Network Specialist]	[50-100% per visit after calendar year deductible] [\$0-75 visit copay after calendar year deductible , then the plan pays 50-100%]	[Not Applicable]
[Non-Designated Network Specialists or Out-of-Network Provider Specialist]	[Not Applicable]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%]
[All Other Specialists]	[50-100% per visit after calendar year deductible] [\$0-75 visit copay after calendar year deductible , then the plan pays 50-100%]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible then the plan pays 50-100%]
	[No deductible applies.] [Deductible waived for first \$25-500 per calendar year]	[No deductible applies.] [Deductible waived for first \$25-500 per calendar year] [Not Covered]
[Maximum Visits per calendar year] [12-24 consecutive month period]	[1-unlimited visits]	[1-unlimited visits]
[Maximum Benefit per visit]	[\$50-unlimited]	[\$50-unlimited]
[Maximum Benefit per calendar year][12 -24 consecutive month period]	[\$100- unlimited]	[\$100-unlimited]

PLAN FEATURES	[NETWORK]	[OUT OF NETWORK]
<i>[Alternatives to Physicians' Office Visits]</i>		
<i>[E-Visits Online Internet Consultation by a Specialist]</i>	<p>[50-100% per visit after calendar year deductible]</p> <p>[\$0-75 visit copay after calendar year deductible, then the plan pays 50-100%]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-500 per calendar] year]</p>	<p>[50-100% per visit after calendar year deductible]</p> <p>[\$0-75 visit deductible after calendar year deductible, then the plan pays 50-100%]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-500 per calendar year]</p> <p>[Not Covered]</p>
[Maximum Visits per calendar year] [12-24 consecutive month period]	[1-unlimited visits]	[1-unlimited visits]
[Maximum Benefit per calendar year] [12-24 consecutive month period]	[\$50-unlimited]	[\$50-unlimited]
Maximum Benefit per calendar year][12 -24 consecutive month period]	[\$100- unlimited]	[\$100- unlimited]
<i>[Walk-In Clinics Non-Emergency Visit]</i> Includes coverage for immunizations.]	<p>[50-100% per visit after calendar year deductible]</p> <p>[\$0-75 visit copay after calendar year deductible, then the plan pays 50-100%]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-500 per calendar year]</p>	<p>[50-100% per visit after calendar year deductible]</p> <p>[\$0-75 visit deductible after calendar year deductible, then the plan pays 50-100%]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-500 per calendar year]</p> <p>[Not Covered]</p>
[Maximum Visits per calendar year] [12-24 consecutive month period]	[1-unlimited visits]	[1-unlimited visits]
[Maximum Benefit per calendar year] [12-24 consecutive month period]	[\$50-unlimited]	[\$50-unlimited]
[Maximum Benefit per calendar year] [12 -24 consecutive month period]	[\$100- unlimited]	[\$100- unlimited]

PLAN FEATURES	[NETWORK]	[OUT OF NETWORK]
<i>[Physician Office Visits-Surgery]</i>		
[Primary Care Physician]	[50-100% per visit after calendar year deductible] [\$0-75 visit copay after calendar year deductible , then the plan pays 50-100%]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible then the plan pays 50-100%]
[Aexcel Designated Network Specialist]	[50-100% per visit after calendar year deductible] [\$0-75 visit copay after calendar year deductible , then the plan pays 50-100%]	[Not Applicable]
[Non-Designated Network Specialist]	[50-100% per visit after calendar year deductible] [\$0-75 visit copay after calendar year deductible , then the plan pays 50-100%]	[Not Applicable]
[Non-Designated Specialist or Out-of-Network Provider Specialist]	[Not Applicable]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%]
[All other Specialists]	[50-100% per visit after calendar year deductible] [\$0-75 visit copay after calendar year deductible , then the plan pays 50-100%]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%]
	[No deductible applies.] [Deductible waived for first \$25-500 per calendar year]	[No deductible applies.] [Deductible waived for first \$25-500 per calendar year] [Not Covered]

PLAN FEATURES	[NETWORK]	[OUT OF NETWORK]
[Maximum Visits per calendar year] [12-24 consecutive month period]	[1-unlimited visits]	[1-unlimited visits]
[Maximum Benefit per visit]	[\$50-unlimited]	[\$50-unlimited]
[Maximum Benefit per calendar year][12 consecutive month period]	[\$500- unlimited]	[\$500-unlimited]

PLAN FEATURES	[NETWORK]	[OUT OF NETWORK]
<i>[Physician Services for Inpatient Facility and Hospital Visits]</i>		
[Primary Care Physician]	[50-100% per visit after calendar year deductible] [\$0-75 visit copay after calendar year deductible , then the plan pays 50-100%]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%]
[Aexcel Designated Network Specialist]	[50-100% per visit after calendar year deductible] [\$0-75 visit copay after calendar year deductible , then the plan pays 50-100%]	[Not Applicable]
[Non-Designated Network Specialist]	[50-100% per visit after calendar year deductible] [\$0-75visit copay after calendar year deductible , then the plan pays 50-100%]	[Not Applicable]
[Non-Designated Specialist or Out-of-Network Provider Specialist]	[Not Applicable]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%]
[All Other Specialists]	[50-100% per visit after calendar year deductible] [\$0-75 visit copay after calendar year deductible , then the plan pays 50-100%]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%]
	[No deductible applies.] [Deductible waived for first \$25-500 per calendar year]	[No deductible applies.] [Deductible waived for first \$25-500 per calendar year] [Not Covered]
[Maximum Visits per calendar year] [12-24 consecutive month period]	[1-unlimited visits]	[1-unlimited visits]

PLAN FEATURES	[NETWORK]	[OUT OF NETWORK]
[Maximum Benefit per visit]	[\$50-unlimited]	[\$50-unlimited]
[Maximum Benefit per calendar year] [12 consecutive months]	[\$500- unlimited]	[\$500-unlimited]
<i>[Administration of Anesthesia]</i>	<p>[50-100% per procedure after calendar year deductible]</p> <p>[\$0-75 copay per procedure after calendar year deductible ,then the plan pays 50-100%]</p> <p>[An amount equal to the lesser of 20% - 50% of the amount paid for the procedure or \$250 - \$2000 per visit]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-500 per calendar year, then 50-100% per procedure]</p>	<p>[50-100% per procedure after calendar year deductible]</p> <p>[\$0-75 deductible per procedure after calendar year deductible, then the plan pays 50-100%]</p> <p>[An amount equal to the lesser of 20% -50% of the amount paid for the procedure or \$250 - \$2000 per visit]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-500 per calendar year, then 50-100%per procedure]</p>
[Maximum Benefit]	[\$200-unlimited]	[\$200-unlimited]

PLAN FEATURES	[NETWORK]	[OUT OF NETWORK]
<i>[Allergy Testing and Treatment]</i>	<p>[50-100% per visit after calendar year deductible]</p> <p>[\$0-75 visit copay after calendar year deductible, then the plan pays 50-100%]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-500 per calendar year]</p>	<p>[50-100% per visit [after calendar year deductible]</p> <p>[\$0-75 visit deductible after calendar year deductible, then the plan pays 50-100%]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-500 per calendar year]</p> <p>[Not Covered]</p>
[Maximum Visits per calendar year] [12-24 consecutive month period]	[1-unlimited visits]	[1-unlimited visits]
[Maximum Benefit per visit]	[\$50-unlimited]	[\$50-unlimited]
[Maximum Benefit per calendar year] [12-24 consecutive month period]	[\$500- unlimited]	[\$500-unlimited]
<i>[Allergy Injections]</i>	<p>[50-100% per visit after calendar year deductible]</p> <p>[\$0-75] visit copay after calendar year deductible, then the plan pays 50-100%]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-500 per calendar year]</p>	<p>[[50-100%] per visit [after calendar year deductible]]</p> <p>[\$0-75] visit deductible after calendar year deductible, then the plan pays 50-100%]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-500 per calendar year]</p> <p>[Not Covered]</p>
[Maximum Benefit per visit]	[\$50-unlimited]	[\$50-unlimited]
[Maximum Visits per calendar year] [12-24 consecutive month period]	[1-unlimited visits]	[1-unlimited visits]
[Maximum Benefit per calendar year]	[1-unlimited visits] [\$100-unlimited]	[1– unlimited visits] [\$100-unlimited]

PLAN FEATURES	[NETWORK]	[OUT OF NETWORK]
<i>[Immunizations [when not part of the physical exam]]</i>	<p>[50-100% per visit after calendar year deductible]</p> <p>[\$0-75 visit copay after calendar year deductible, then the plan pays 50-100%]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-500] per calendar year]</p>	<p>[50-100% per visit after calendar year deductible]</p> <p>[\$0-75 visit deductible after calendar year deductible, then the plan pays 50-100%]</p> <p>[No deductible applies.]</p> <p>[Deductible waived for first \$25-500] per calendar] year</p> <p>[Not Covered]</p>
[Maximum Benefit per calendar year] [12-24 consecutive month period]	[\$100-unlimited]	[\$100-unlimited]

PLAN FEATURES	[NETWORK]	[OUT OF NETWORK]
<i>[First] Prenatal Visits]</i>		
[Aexcel Designated Network Specialist]	[50-100% per visit after calendar year deductible] [\$0-75 visit copay after calendar year deductible , then the plan pays 50-100%]	[Not Applicable]
[Non-Designated Network Specialist]	[50-100% per visit after calendar year deductible] [\$0-75 visit copay after calendar year deductible , then the plan pays 50-100%]	[Not Applicable]
[Non-Designated Network Specialists or Out-of-Network Provider Specialist]	[Not Applicable]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%]
[All Other Specialists]	[50-100% per visit after calendar year deductible] [\$0-75 visit copay after calendar year deductible , then the plan pays 50-100%]	[50-100% per visit after calendar year deductible] [\$0-75 visit deductible after calendar year deductible , then the plan pays 50-100%]
	[No deductible applies.] [Deductible waived for first \$25-500 per calendar year]	[No deductible applies.] [Deductible waived for first \$25-500 per calendar year] [Not Covered]
[Maximum Benefit per visit]	[\$50-unlimited]	[\$50-unlimited]
[Maximum Benefit per calendar year] [per pregnancy] [per 12 consecutive month period]	[\$100- unlimited]	[\$100- unlimited]

<i>SERFF Tracking Number:</i>	<i>AENX-125865804</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40613</i>
<i>Company Tracking Number:</i>	<i>AH AR0086901F01</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001C Any Size Group - Other</i>
<i>Product Name:</i>	<i>2008 Medical</i>		
<i>Project Name/Number:</i>	<i>2008 Medical/AH AR0086901F01</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	AENX-125865804	State:	Arkansas
Filing Company:	Aetna Life Insurance Company	State Tracking Number:	40613
Company Tracking Number:	AH AR0086901F01		
TOI:	H16G Group Health - Major Medical	Sub-TOI:	H16G.001C Any Size Group - Other
Product Name:	2008 Medical		
Project Name/Number:	2008 Medical/AH AR0086901F01		

Supporting Document Schedules

Satisfied -Name:	Certification/Notice	Review Status:	
		Approved-Closed	10/23/2008

Comments:

Attachments:

AR - READABILITY CERTIFICATION.PDF
AR - NAIC TRANSMITTAL DOC.PDF
AR - NAIC FORM FILING ATTACHMENT.PDF

Bypassed -Name:	Application	Review Status:	
		Approved-Closed	10/23/2008

Bypass Reason: not applicable

Comments:

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Aetna Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
GR-9N S-10-25 05	0
GR-9N S-11-25 05	0

Signed: _____

Name: _____

Title: _____

Date: _____

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas					
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2.	Department Use Only						
	State Tracking ID						

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Aetna Life Insurance Company 151 Farmington Avenue Hartford CT 06156	CT		001	60054	06-6033492	

4. Contact Name & Address	Telephone #	Fax #	E-mail Address
John Ciesielski 151 Farmington Avenue, Mail Stop RW61 Hartford CT 06156	860-279-1282	860-952-2069	CiesielskiJW@Aetna.com

5. Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6.	Company Tracking Number	AH AR0086901F01					
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7.	<input type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large <input checked="" type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____ </div> </div>
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9.	Type of Insurance	H16G Group Health - Major Medical					
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10.	Product Coding Matrix Filing Code	H16G.001C Any Size Group - Other					
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11.	Submitted Documents	<div> <input type="checkbox"/> <u>FORMS</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other: _____ </div> </div> <input type="checkbox"/> <u>RATES</u> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate </div> <div> <input type="checkbox"/> <u>FILING OTHER THAN FORM OR RATE:</u> Please explain: _____ </div> <div> <u>SUPPORTING DOCUMENTATION</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____ </div> <div> <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreement <input type="checkbox"/> Certifications </div> </div> </div>					
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12.	Filing Submission Date	
13.	Filing Fee (If required)	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
14.	Date of Domiciliary Approval	
15.	Filing Description:	
	<p>The purpose of this filing is to broaden the coverage of [E-visits and] Walk-in clinic to the out of network component of our preferred provider medical expense plans. Please note these enhanced feature (s) were previously approved by your Department for in network only. The goal now is to broaden the benefit and offer the same coverage both in and out of network, while still retaining the option of "No Coverage" for out of network.</p>	

16.	Certification (If required)	
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p>		
<p>Print Name <u>John Ciesielski</u> Title <u>Product and Regulatory Affairs Manager</u></p>		
<p>Signature _____ Date _____</p>		

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		AH AR0086901F01
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Schedule	GR-9N S-10-25 05	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02	Schedule	GR-9N S-11-25 05	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	